

TENNESSEE UST REIMBURSEMENT REQUEST
DEPARTMENT OF ENVIRONMENT & CONSERVATION
DIVISION OF UNDERGROUND STORAGE TANKS
4th Floor, L & C Tower
401 Church Street
Nashville, TN 37243-1541

SECTION 1. FACILITY INFORMATION

Facility Name _____ Facility ID No. _____
Address _____ () _____
Street City Zip Phone

SECTION 2. RESPONSIBLE PARTY INFORMATION

Name _____
Address _____
Street City State Zip
Contact Person _____ Phone () _____
Applicant Type: Tank owner () Property Owner () Operator () Other (describe) _____

SECTION 3. TOTALS

| | TOTAL | ADJUSTMENT | APPROVED |
|-------------------------------|-------|------------|----------|
| A. Initial Response | _____ | _____ | _____ |
| B. Release Investigation | _____ | _____ | _____ |
| C. Phase I Corrective Action | _____ | _____ | _____ |
| D. Phase II Corrective Action | _____ | _____ | _____ |
| E. Other | _____ | _____ | _____ |
| F. Site Closure | _____ | _____ | _____ |
| AMOUNT OF THIS REQUEST | ===== | ===== | ===== |

Date of Request _____ Work Performed from _____ to _____

Type of Request () Initial () Subsequent () Final

Name of Person Preparing Request _____

Company Name _____ Phone () _____

Do not write below this line

*****Departmental Use Only*****

The division of Underground Storage Tanks (UST) has reviewed the attached reimbursement request pursuant to the requirements of those sections of the UST Act and regulations that apply to reimbursement from the UST Fund. UST has approved this amount for payment having determined that it is eligible for reimbursement and meets the reasonable cost guidelines.

UST Fund Manager

Date

Request No. _____

CERTIFICATION AFFIDAVIT FOR SITE OWNER OR OPERATOR

I certify to the best of my knowledge and belief: that the costs presented herein represent actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; that an accidental release has occurred from a petroleum underground storage tank system at this site; and that no charges are presented as part of this application that do not directly relate to the performance of corrective actions related to the release of petroleum at this site.

I warrant that I have not received any fees, commission, percentage, gift, or other consideration as a result of his/her employment of a person, company, corporation, individual, or firm for purposes of site rehabilitation.

Indicate if any financial, familial or other beneficial relationship exists between the site owner or operator, the "person responsible for site rehabilitation," and the cleanup contractor.

_____ YES _____ NO

If such a beneficial relationship exists, attach a detailed explanation to this affidavit.

FACILITY NAME

FACILITY ID NUMBER

Print or Type Name of Site Owner or Operator/ Title

Name of Company

STATE OF _____ COUNTY OF _____

Signature of Owner or Operator date

Before me personally appeared

Address

who executed said instrument for the purposes therein
expressed. Witness my hand and official seal, this
_____ day of _____ AD,
19_____.

City, State, ZIP

Phone

Notary Public
My commission expires _____

page 2 of 6

CERTIFICATION AFFIDAVIT FOR CONTRACTOR

I certify to the best of my knowledge and belief: that the costs presented herein represent actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; that an accidental release has occurred from a petroleum underground storage tank system at this site; and that no charges are presented as part of this application that do not directly relate to the performance of corrective actions related to the release of petroleum at this site.

FACILITY NAME

FACILITY ID NUMBER

Name of Company

Print or Type Name of CAC Representative /title

STATE OF _____ COUNTY OF _____

Signature date

Before me personally appeared

Address

who executed said instrument for the purposes therein
expressed. Witness my hand and official seal, this
_____ day of _____ AD,
19_____.

City State zip

Phone

Notary Public
My commission expires _____

CERTIFICATION AFFIDAVIT FOR PERSON RESPONSIBLE FOR SITE REHABILITATION

I certify to the best of my knowledge and belief: that the costs presented herein represent actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; that an accidental release has occurred from a petroleum underground storage tank system at this site; and that no charges are presented as part of this application that do not directly relate to the performance of corrective actions related to the release of petroleum at this site

I warrant that I have not received any fees, commission, percentage, gift, or other consideration as a result of my employment of a person, company, corporation, individual, or firm for purposes of site rehabilitation.

Indicate if any financial, familial or other beneficial relationship exists between the site owner or operator, the "person responsible for site rehabilitation," and the cleanup contractor.

_____ YES _____ NO

If such a beneficial relationship exists, attach a detailed explanation to this affidavit.

IF PROOF OF PAYMENT IS NOT INCLUDED WITH THE REQUEST, THE CHECK WILL BE MAILED AS A DUAL PARTY CHECK ISSUED TO BOTH THE RESPONSIBLE PARTY AND THE CAC AS STIPULATED IN RULE 1200-1-15-.09(15)(A). IF PROOF OF PAYMENT IS INCLUDED WITH THE REQUEST, THE CHECK WILL BE MAILED TO THE PERSON OR ORGANIZATION IDENTIFIED ON THIS PAGE. IN MOST CASES THIS SHOULD BE THE SAME AS THE RESPONSIBLE PARTY LISTED IN SECTION 2 OF THE FUND ELIGIBILITY FORM.

FACILITY NAME

FACILITY ID NUMBER

Name of Company

Print or Type Name of Site Owner or Operator and Title

STATE OF _____ COUNTY OF _____

Signature of Owner or Operator date

Before me personally appeared

Address

who executed said instrument for the purposes therein
expressed. Witness my hand and official seal, this
_____ day of _____ AD,
19_____.

City, State, ZIP

Phone

Notary Public
My commission expires _____

Federal ID No. or SS No.

TENNESSEE UST REIMBURSEMENT REQUEST

I. PROGRAM TASK SUMMARY SHEET

FACILITY NAME _____ FACILITY ID No. _____

TASKS

- | | |
|---|-------------------------------|
| A. INITIAL RESPONSE | D. PHASE II CORRECTIVE ACTION |
| B. RELEASE INVESTIGATION & CONFIRMATION | E. OTHER |
| C. PHASE I CORRECTIVE ACTION | F. SITE CLOSURE |

Print or type one of the above listed program tasks

| ***UST USE ONLY*** | | | |
|-----------------------------|-------------|-------------------|-----------------|
| <u>CLEAN UP EVENTS</u> | <u>COST</u> | <u>ADJUSTMENT</u> | <u>APPROVED</u> |
| 1. FREE PRODUCT REMOVAL | _____ | _____ | _____ |
| 2. SOIL REMOVAL | _____ | _____ | _____ |
| 3. SOIL TREATMENT | _____ | _____ | _____ |
| 4. WATER TREATMENT | _____ | _____ | _____ |
| 5. MONITORING | _____ | _____ | _____ |
| 6. MEME | _____ | _____ | _____ |
| 7. OFF-SITE REHABILITATION | _____ | _____ | _____ |
| 8. SITE ASSESSMENT | _____ | _____ | _____ |
| 9. ENVIRONMENTAL REPORT | _____ | _____ | _____ |
| 10. IMPLEMENTATION OF CAP | _____ | _____ | _____ |
| 11. OPERATION & MAINTENANCE | _____ | _____ | _____ |
| 12. REIMBURSEMENT REQUEST | _____ | _____ | _____ |
| 13. OTHER/CLOSURE | _____ | _____ | _____ |
| TOTAL | ===== | ===== | ===== |

TENNESSEE UST REIMBURSEMENT REQUEST

II. CLEANUP EVENTS RELATED TO EACH PROGRAM TASK

FACILITY NAME _____ FACILITY ID No. _____

PROGRAM TASK BEING PERFORMED _____
(From Section I, page 5)

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. FREE PRODUCT REMOVAL 2. SOIL REMOVAL 3. SOIL TREATMENT 4. WATER TREATMENT 5. MONITORING 6. MOBILE ENHANCED MULTI-PHASE EXTRACTION(MEME) 7. OFF-SITE REHABILITATION | <ul style="list-style-type: none"> 8. SITE ASSESSMENT 9. ENVIRONMENTAL REPORT (Specify EAR, CAP; Etc.) 10. IMPLEMENTATION OF CAP 11. OPERATION & MAINTENANCE 12. REIMBURSEMENT REQUEST (Specify which request) 13. OTHER/CLOSURE |
|---|--|

Print or type one of the above listed cleanup events. For environmental reports, total all reports for each program task on one page six under reports.

| ***UST USE ONLY*** | | | |
|--------------------------|-------|------------|----------|
| | COST | ADJUSTMENT | APPROVED |
| a. PERSONNEL | _____ | _____ | _____ |
| b. CAPITAL EXPENSE ITEMS | _____ | _____ | _____ |
| c. RENTALS | _____ | _____ | _____ |
| d. MILEAGE | _____ | _____ | _____ |
| e. HAULING AND DISPOSAL | _____ | _____ | _____ |
| f. WELL CONSTRUCTION | _____ | _____ | _____ |
| g. ANALYSIS | _____ | _____ | _____ |
| h. REPORTS | _____ | _____ | _____ |
| i. MEME | _____ | _____ | _____ |
| j. MISCELLANEOUS | _____ | _____ | _____ |
| TOTAL | ===== | ===== | ===== |

BRIEF DESCRIPTION OF WORK BEING PERFORMED:
DO NOT COMBINE FIELD TIME WITH REPORT PREPARATION TIME EXCEPT MEME EVENTS. USE A SEPARATE REPORT PAGE FOR EACH REPORT.